similar to static inversion results, but he chose to ignore the significant subjective responses of the subjects recorded in the questioned article, and systemic blood pressure and pulse rate readings. As mentioned, we found the subjects not to experience the "headaches, nausea, head congestion, dizziness—while experiencing a calm, relaxed feeling of well being and tranquility." Please note that in our original studies subjects were inverted for only 3 minutes statically, versus 15 minutes of oscillation in this study. This, of course, is not hard statistical data but aided us in developing a manner in which the oscillating devices may differ from static hanging boots with a stationary bar.

Our reference to aerospace studies[6] was an attempt to discern why we have not as yet noted in the medical literature cases of stroke, cardiovascular incidents or eye injury in normal persons in the nearly two decades these devices have been popular. There have been some sparse reports of periorbital petechiae and transient engorgement of the scleral capillaries, but mostly those were in untrained persons subjected to prolonged periods of static hanging or anticoagulants (or both) in almost subtle attempts to induce side effects. In one study we were sent to review, the researchers inverted subjects statically for three 10-minute periods in a row following administration of aspirin.

We agree with Dr Friberg and colleagues that there may be some long-term effects associated with inversion; however, we think in addition to evaluations of potential glaucoma associations, energies might also well be spent on discerning how to invert and for what time period for maximum safety.

IOPs should be tested on a regular basis should glaucoma be a concern, but we have already stressed this numerous times. I believe if one were able to measure the above mentioned parameters on some centrifugal rides at amusement parks or during deep sea diving, the results might bring this issue into better perspective.

We recommend that persons who wish to invert use an oscillating device and do not stay in the inverted (−90 degree) posture for more than a few seconds, while heeding their own body responses, and for no more than 15 minutes. Please note again that although the data were similar, the device utilized was quite different and the subject population was one trained in inversion, and their subjective experiences were significantly different from those in previous studies.

Perhaps future work will better outline guidelines for use of intermittent traction with inversion devices, but we feel that compared with many other forms of adjunct athletic training, inversion should not stand apart from such activities as powerlifting, scuba diving or plyometrics. There are risks inherent in all, but before condemning the modality I would like to see more documented statistical data reporting cases of ocular injury in healthy people (those without hypertension or glaucoma tendencies) who utilize inversion in the manner we outline.

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Medi-Cal Reimbursement System

TO THE EDITOR: The news media report Medi-Cal (California's medicaid program) fraud from time to time. Periodically, some provider bills for services never performed and gets caught. This is relatively trivial fraud but should be prosecuted. The significant Medi-Cal fraud, however, is that perpetrated upon Medi-Cal providers. No doctor who cares for Medi-Cal patients is immune to ripoff.

The doctor who renders care in good faith and then bills Computer Sciences Corporation (CSC) may never get paid. The claim may not be done precisely as CSC wishes it done. If this is the case, there will be a request for more or correct information. Even when the missing information is supplied, there is no assurance of reimbursement. If the diagnosis is cancer and there are two office visits in one month, for example, one visit will be paid at about half the usual and customary charge and the other visit will not be paid at all. If a patient is seen many times in one month in an effort to avoid admission to hospital, the state will save two ways: no hospital costs and disallowed office visits.

My personal litany of CSC experiences is long even though I care for few Medi-Cal patients, all of whom are sick. Obtaining Medi-Cal reimbursement actually is possible. The first thing to do when shortchanged by CSC is to send to that computerized bureaucracy a "Claims Inquiry," a form that is amazingly (for CSC) simple. CSC has no motivation at all to be sympathetic and unless there is a compelling reason, such as a mistake on their part, the "Claims Inquiry" may go nowhere. Don't stop there.

Although there is no motivation on the part of CSC to please the doctor, a letter to CSC from my assemblyman works wonders. For example, the claim for a patient with intractable pain who had to be seen at least once a week suddenly became valid.

Every California doctor has an assemblyperson. When all else fails, turn your Medi-Cal reimbursement problems over to her or him. There is no need to be embarrassed by doing so. Our legislators need to be made aware that the Medi-Cal reimbursement system isn't working. They and you will benefit.

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On the 'Blackness' and 'Whiteness' of Patients

TO THE EDITOR: Like so many articles on osteoporosis and hypertension, the conference on estrogen[1] for postmenopausal women in the May issue differentiates black people from whites. I have long believed that this differentiation is